



By
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PROTECTIVE RESEARCH GROUP, INC.
Jacksonville, Florida USA

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INTRODUCTION

Who We Are

Protective Research Group, Inc. is a private consulting firm based in the great city of Jacksonville, Florida. Our firm specializes in the research, training and consulting of issues involving personal, public and corporate safety and security. We provide no-nonsense cutting-edge information which can enhance the protection level of any individual or corporation confronted by security risks. Some of the protection issues addressed by our firm include personal and family safety, terrorism awareness, disaster preparedness, child safety, crisis and risk management, first-aid and CPR training. All members of Protective Research Group, Inc. are dedicated professionals and maintain the highest standards expected in the protection industry. We are committed to assisting those who's goal it is to make their lives safer, because only together can we achieve a safer global community.

The Child Information Profile

The Child Information Profile is one tool in an overall child safety program. Commonly referred to as biographical profiling, the Child Information Profile is a systematic means for the collection and storage of personal information which will then be readily available in the event of an emergency involving your child. For example, if your child was to become lost, abducted, or a runaway, Law Enforcement officials would require current personal information about your child in order to properly conduct an investigation, search for, or identify the child. Situations like these would place a huge amount of stress on any parent and the additional stress of having to assemble this information during the crisis could be avoided if the information was prepared in advance. In addition, time is always an important factor in emergencies and the quicker Law Enforcement officials can obtain the necessary information, the sooner they can mobilize their resources. For this reason, the Child Information Profile was created.

The Child Information Profile is a system by which parents can collect and maintain detailed background information about their children. The profile covers information from several areas of the child's life including personal information, medical information, school information, information about family and friends, etc..

The Child Information Profile is very detailed and it must be noted that some of the information contained in the profile may not apply to all children or family situations. The profile has been created in a way that provides for the recording of information which may be applicable to a variety of investigative situations. These situations could include, but are not limited to, a lost child, stranger abduction, parent abduction, runaway or abuse by a care provider. Because we are unable to predict what situation any particular parent may be confronted with, we must design the profile to account for a variety of risks. It is the

responsibility of the individual parent to determine what information applies to their unique family situation. It must also be said that the use of the Child Information Profile is not a guarantee of child safety. Child safety is the responsibility of the individual parent. The Child Information Profile is only a tool and Protective Research Group, Inc. does not assume any responsibility for the use, non-use or misuse of the profile. The members of Protective Research Group, Inc. are parents themselves and we sincerely hope that no parent is confronted by an emergency requiring them to use this profile. But we believe that it is better to be prepared for an emergency and never confront it, than to confront an emergency unprepared.

The following text of this introduction will provide detailed information and instructions regarding this Child Information Profile, as well as other aspects of biographical profiling. If you have any comments or suggestions regarding this profile, we would like to hear them. Contact information has been included at the end of this profile.

Updating The Child Information Profile

For a biographical profile to be an effective tool, the information contained within the profile must be current. Parents should review and update the information contained in the Child Information Profile on a regular basis. We suggest that information contained in the profile be updated at least once a year or whenever there has been a major change regarding the child. These changes could include changing schools, a change in residence, a recent medical condition, etc.. Photographs and videotapes of the child should be updated as the child matures, handwriting samples should be updated as the child's handwriting improves, etc.. To make updating the profile easier, we suggest that you make photocopies of the profile so when you update information you will have a clean form.

Storage Of The Child Information Profile

Information contained in this profile should always be considered sensitive personal information and proper security of the profile should be maintained. After completion of the Child Information Profile it should be stored in a safe place known only to members of the family, full-time care providers or security personnel employed by the family. The profile should be stored in a place which will allow for easy access to it in the event of an emergency.

Personal Information

The Personal Information section of this profile is a detailed questionnaire regarding your child's personal history. Some of the questions or information asked for in this section may not apply to your child at the present time. If a question does not apply to your child, simply leave it blank or write N/A (not applicable) in the space. Parents should be as detailed as possible regarding the information which does apply to their child. This section may ask for information regarding a particular topic but does not provide for adequate space to include the information. For this reason, an envelope labeled additional documents has been included with this profile as a place to store the information.

Medical Information

The Medical Information section of this profile is a detailed questionnaire regarding your child's current medical history. As with all sections in this profile, some information may not apply to your child. Be as detailed as possible with the information which does apply to child's medical history. This section asks for documents such as copies of medical records or x-rays, etc.. Not all parents maintain copies of their child's medical records. If however you do maintain these records, they should be placed in an envelope and included with the profile. If you do not maintain copies of these records, it is important to list detailed information about your child's doctor so the records can be obtained in the event of an emergency. It is not necessary to include in the profile any billing receipts for medical services or receipts for purchases of medical equipment / supplies.

School Information

The School Information section of this profile includes detailed questions regarding the school your child attends. It includes information regarding school staff members, school activities, bus routes, etc.. Again we stress the importance for parents to be as detailed as possible with this section. If information and diagrams regarding your child's bus or walk route is included, it should be as detailed as possible. Bus or walk route diagrams can be prepared several ways. You could make an enlarged photocopy of the street map for your neighborhood and use a high lighter pen to trace the route or you could draw a simple map on a plain sheet of paper and include the street names. You could also list on a sheet of paper the street names in the order they are traveled. This information should be placed in the envelope labeled additional documents. A new section of this profile should be used at the beginning of each new school year or if the child changes schools.

Parent and Grandparent Information

The Parent Information section of this profile allows for the recording of detailed information regarding both biological and step-parents. The Grandparent Information section allows for the recording of information regarding Grandparents on both the mother's and father's side of the family (biological and step-parent). These sections are included in the profile for several reasons:

- Law Enforcement officials will have current emergency contact information for both parents and grandparents.
- Assists Law Enforcement officials with the investigative process.
- Supplies Law Enforcement officials with the necessary information to investigate cases of parent or family abductions.

Child Care Provider Information

This section of the profile includes a detailed questionnaire regarding persons who care for your child. This section is used for maintaining information about babysitters, nannies, and day-care centers. Parents should make photocopies of the questionnaires in order to create news records whenever a new babysitter, nanny or day-care center is hired by the family. Parents should also maintain the records of babysitters, nannies or day-care centers that are no longer used by the family, for future investigative purposes.

Emergency Information

The Emergency Information section of the profile is used only if your child becomes missing. The questionnaire in this profile records information regarding your child immediately after they are discovered missing. This information would include where the child was last seen, who the child was last seen with, what the child was wearing at the time of their disappearance, etc..

Child Safety Resources

This section lists organizations dedicated to child safety and assists parents of missing children. All of these organizations are staffed by experts in the field of child safety and we urge parents to use these resources offered.

Handwriting Samples

Parents should include a sample of their child's handwriting and drawings in this profile. If the child is old enough to sign their name, signature samples should also be included.

Videotape

Parents should prepare a videotape of their child which can be used by Law Enforcement officials in the event the child becomes missing. The videotape should be prepared and kept for this reason only. The videotape should only picture the child named in the profile and if parents are creating profiles for more than one child, a videotape for each child should be prepared. The videotape should show the child standing from different angles, walking, playing, talking, and should include close-ups of the child's face from different angles. About 10 to 15 minutes of videotape should be enough, and parents should update the videotape as the child grows older. It's a good idea to use the camera's date recorder to show when the videotape was produced.

Photographs

Several photographs of your child should be included in this profile. Use photographs which show the child's face from different angles, include close-ups of the child's face. Don't use photographs that are too important to part with. Remember that you will be giving these photographs to Law Enforcement agencies and may not get them back. We suggest that you take several photographs and include them along with the negatives in the profile.

Ordering Information

To order additional copies of the Child Information Profile, fingerprint kits, DNA kits or to obtain information about other products offered by Protective Research Group, Inc., please use the contact information provided in this profile. We also encourage parents to submit their suggestions for improving this product.

Child Personal Information

Child's Full Name_____

Child's Nickname_____

Home Address_____

Telephone_____

Date of Birth_____ Sex_____ Blood Type_____

Place of Birth_____

Nationality_____ Race_____

Height_____ Weight_____ Eye Color_____ Hair Color_____

Hair Description_____

Right Handed / Left Handed

Social Security Number_____

Is Child Old Enough To Drive - YES / NO

If Yes, License Number_____ State_____

Passport Number_____ Date Expires_____

Country Issuing Passport_____

Does Child Wear Eyeglasses - YES / NO

Description Of Eyeglasses_____

Does Child Wear Contacts - YES / NO

Type Of Contact Lenses_____

Languages Spoken_____

Description of Teeth_____

Does Child Have Braces - YES / NO

Are Braces Located On: Top Teeth / Bottom Teeth

Does Child Have Pierced Ears: Right YES / NO - Left YES / NO

Number Of Holes In Ears: Right_____ Left_____

Location Of Holes: Right_____ Left_____

Identifying Marks or Scars_____

Child's Favorite Toy_____

Does The Toy Have a Name_____

Child's Favorite Foods_____

Child's Favorite Restaurants_____

Child's Hobbies or Interests_____

Child's Religion_____

Name of Church _____

Address_____

Telephone Number_____

Church Leader's Name_____

Address_____

Telephone Number_____

Does Your Child Know How To Use The Telephone - YES / NO

Does Your Child Know His / Her Home Phone Number - YES / NO

Does Your Child Know How To Contact The Police - YES / NO

Does Your Child Have Self-Defense Knowledge- YES / NO

Does Your Child Know His / Her Parent(s) Full Name(s) - YES / NO

Does Your Child Know His / Her Home Address - YES / NO

Does Your Child Have A Family Codeword/Password - YES / NO

Has Your Child Been Fingerprinted - YES / NO

Location Of Fingerprints_____

Have Hair Samples Been Collected - YES / NO

Location Of Hair Samples_____

Have DNA Samples Been Collected - YES / NO
(Collected With DNA Sampling Kit)

Where Are DNA Samples Located_____

Are Samples Of The Child's Handwriting and Drawings
Included In This Profile - YES / NO

If No, Where Are Handwriting Samples Located_____

Are Current Photographs Of Your Child Available - YES / NO

Are Photographs Contained In This Profile - YES /
NO

If No, Where Are Photographs Located_____

Has A Videotape Of Your Child Been Prepared - YES / NO

Location Of Videotape_____

Is Your Child A Member Of Any Youth Clubs - YES / NO

If Yes, List Clubs_____

List All Scheduled Non-School Activities- Include Locations And Times

Monday_____

Tuesday_____

Wednesday_____

Thursday_____

Friday_____

Saturday_____

Sunday_____

List Several Of Your Child's Close Friends:

Name _____ Telephone _____

Address _____

Name _____ Telephone _____

Address _____

Name _____ Telephone _____

Address _____

Name _____ Telephone _____

Address _____

Name _____ Telephone _____

Address _____

Does Your Child Use A Computer - YES / NO

Does Your Child Use The Internet - YES / NO

Name Your Internet Service Provider (ISP) _____

List Online Nicknames Or Handles Your Child Goes By:

Channels Or Chat Rooms Your Child Participates In:

Clubs Or Organizations Your Child Belongs To On The Internet:

Mailing Lists Your Child Is Signed On To And Receives Information From:

Internet Relay Chat (IRC) Networks Your Child Frequents Online:

ICQ Number And Nickname_____

News Groups Or Usenet Groups Your Child Frequents_____

Has A Printed Copy Of Your Child's Email Address Book
Been Included In This Profile -

YES / NO

If No, List The Email Addresses Of Several Of Your Child's Friends:

Using The FAVORITES (Microsoft Internet Explorer) Or BOOKMARKS
(Netscape Navigator) List Some Of The Web Sites Your Child Visits Regularly

Additional Internet Information:

[illegible]

Medical Information

Child's Doctor's Name_____

Doctor's Address_____

Telephone Number_____

Fax Number_____

Email_____

Does The Family Have Copies Of Child's Medical Records - YES / NO

Location Of Medical Records_____

Does The Family Use A Particular Hospital - YES / NO

If Yes, Hospital Name_____

Hospital Address_____

Hospital Telephone Number_____

Fax Number_____

Does Your Child Have Any Allergies - YES / NO

If Yes, List Allergies_____

Does Your Child Have Any Special Medical Condition - YES / NO

If Yes, List Medical Condition_____

Does Your Child Require Any Special Medication - YES / NO

List Medication_____

Is Your Child Hearing Impaired - YES / NO

If Yes, Does Child Wear Hearing Aid(s) - YES / NO

Hearing Aid(s) Located - Right Ear / Left Ear

Does Child Know Sign Language YES / NO

Is Your Child Speech Impaired - YES / NO

Is Your Child Vision Impaired - YES / NO

Does Child Read Braille - YES / NO

Does Your Child Have Any Other Disability - YES / NO

If Yes, List Disability_____

Does Your Child Require Special Medical Equipment - YES / NO

If Yes, List Medical Equipment

Does Your Child Have A Vaccination Record - YES / NO

Location Of Vaccination Record_____

Child's Dentist's Name_____

Dentist's Address_____

Telephone Number_____

Fax Number_____

Email_____

Are Dental X-Rays Available - YES / NO

Location Of Dental X-Rays _____

Are Dental Records Available - YES / NO

Location Of Dental Records_____

Does Child Wear Prescription Eyeglasses - YES / NO

If Yes, Do You Have A Copy Of Prescription - YES / NO

Optometrist's / Ophthalmologist's Name_____

Address_____

Telephone Number_____

Fax Number_____

[illegible]

School Information

School Year_____

Child's Grade Level_____ Home Room Number_____

School Name_____

Address_____

Telephone_____

Fax Number_____

Principal's Name_____

Teacher's Name_____

Teacher's Name_____

School Nurse's Name_____

Counselor's Name_____

Time School Starts_____ Time School Ends_____

Lunch Time_____ Break Time_____

Does Your Child Ride The School Bus - YES / NO

Location Of Bus Stop_____

Bus Driver's Name_____

Bus Number_____ Pick Up Time_____ Return Time_____

Is Your Child Escorted To The Bus Stop - YES / NO

Who Escorts Child _____

Is Your Child Escorted Home From The Bus Stop - YES / NO

Who Escorts Child _____

Is The Bus Stop Supervised By Anyone - YES / NO

Name Of Supervisor _____

Address _____

Telephone Number _____

Is Your Child Driven To School - YES / NO

Who Drives Your Child _____

Is Your Child Driven Home From School - YES / NO

Who Drives Your Child _____

Does Your Child Walk To School - YES / NO

Does Your Child Walk Home From School - YES / NO

If Yes, Include Diagram Of Route Taken

Are School Crossing Guards Located Along The Route - YES / NO

If Yes, Indicate Location Of Crossing Guards on Route Diagram

Does Your Child Walk With Other Children - YES / NO

If Yes, List Them:

Name _____ Telephone _____

Address _____

Name _____ Telephone _____

Address _____

Name _____ Telephone _____

Address _____

Name _____ Telephone _____

Address _____

Name _____ Telephone _____

Address _____

Name _____ Telephone _____

Address _____

Name _____ Telephone _____

Address _____

List All Of Your Child's Scheduled School Activities:

Monday_____

Tuesday_____

Wednesday_____

Thursday_____

Friday_____

Saturday_____

Sunday_____

[illegible]

Child Care Provider Information

Babysitter's Full Name_____

Address_____

Telephone Number_____

Date of Birth_____ Age_____

Sex_____ Height_____ Weight_____ Race_____

Social Security Number_____

Driver License Number_____ State_____

How Did The Family Locate This Individual_____

Does The Babysitter Live With The Family - YES / NO

Was The Babysitter Known To The Family - YES / NO

How Long Had The Family Known This Person Prior To Them
Caring For Your Child _____

How Long Has This Person Cared For Your Child_____

How Often Does This Person Care For Your Child_____

Was A Background Investigation Performed - YES / NO

Did This Person Provide Work References - YES / NO

Did You Retain A List Of The References - YES / NO

Do You Have A Photograph Of This Person - YES / NO

Does This Person Have Special Training In Child Care - YES / NO

YES / NO

YES / NO

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Babysitter's Full Name_____

Address_____

Telephone Number_____

Date of Birth_____ Age_____

Sex_____ Height_____ Weight_____ Race_____

Social Security Number_____

Driver License Number_____ State_____

How Did The Family Locate This Individual_____

Does The Babysitter Live With The Family - YES / NO

Was The Babysitter Known To The Family - YES / NO

How Long Had The Family Known This Person Prior To Them
Caring For Your Child _____

How Long Has This Person Cared For Your Child_____

How Often Does This Person Care For Your Child_____

Was A Background Investigation Performed - YES / NO

Did This Person Provide Work References - YES / NO

Did You Retain A List Of The References - YES / NO

Do You Have A Photograph Of This Person - YES / NO

Does This Person Have Special Training In Child Care - YES / NO

YES / NO

YES / NO

[illegible]

Babysitter's Full Name_____

Address_____

Telephone Number_____

Date of Birth_____ Age_____

Sex_____ Height_____ Weight_____ Race_____

Social Security Number_____

Driver License Number_____ State_____

How Did The Family Locate This Individual_____

Does The Babysitter Live With The Family - YES / NO

Was The Babysitter Known To The Family - YES / NO

How Long Had The Family Known This Person Prior To Them
Caring For Your Child _____

How Long Has This Person Cared For Your Child_____

How Often Does This Person Care For Your Child_____

Was A Background Investigation Performed - YES / NO

Did This Person Provide Work References - YES / NO

Did You Retain A List Of The References - YES / NO

Do You Have A Photograph Of This Person - YES / NO

Does This Person Have Special Training In Child Care - YES / NO

YES / NO

YES / NO

[illegible]

Does Your Child Attend A Daycare Center -

YES / NO

If Yes, Name of Daycare Center _____

Address _____

Telephone Number _____

Fax Number _____

Is Daycare Center - Part Of A National Chain / Family Owned

Owner's Name _____

List Days Your Child Attends _____

Time Daycare Begins _____ Time Daycare Ends _____

How Long Has Child Attend This Center _____

Does The Daycare Center Have A State License -

YES / NO

If Yes, List License Number _____

Have Background Checks Been Performed On The Daycare Center And All The
Workers Employed There -

YES / NO

List Names Of Workers:

Name _____

Name _____

Name _____

[illegible]

Parent Information

(Biological Parents)

Biological Mother's Name _____

Address _____

Telephone Number _____

Email _____

Date of Birth _____ Age _____

Nationality _____ Height _____ Weight _____

Social Security Number _____

Driver License Number _____ State _____

Occupation _____

Company Name _____

Address _____

Work Telephone _____

Fax Number _____

Email _____

Passport Number _____

Country Issuing Passport _____

Does Mother Live With Child - YES / NO

[illegible]

Biological Father's Name _____

Address _____

Telephone Number _____

Email _____

Date of Birth _____ Age _____

Nationality _____ Height _____ Weight _____

Social Security Number _____

Driver License Number _____ State _____

Occupation _____

Company Name _____

Address _____

Work Telephone _____

Fax Number _____

Email _____

Passport Number _____

Country Issuing Passport _____

Does Father Live With Child - YES / NO

[illegible]

Parent Information

(Step-Parents)

Step-Mother's Name _____

Address _____

Telephone Number _____

Email _____

Date of Birth _____ Age _____

Nationality _____ Height _____ Weight _____

Social Security Number _____

Driver License Number _____ State _____

Occupation _____

Company Name _____

Address _____

Work Telephone _____

Fax Number _____

Email _____

Passport Number _____

Country Issuing Passport _____

Does Parent Live With Child - YES / NO

[illegible]

Step-Father's Name _____

Address _____

Telephone Number _____

Email _____

Date of Birth _____ Age _____

Nationality _____ Height _____ Weight _____

Social Security Number _____

Driver License Number _____ State _____

Occupation _____

Company Name _____

Address _____

Work Telephone _____

Fax Number _____

Email _____

Passport Number _____

Country Issuing Passport _____

Does Parent Live With Child - YES / NO

[illegible]

Grandparent Information

(Biological Mother's Side)

Grandmother's Name _____

Address _____

Telephone _____

Grandfather's Name _____

Address _____

Telephone _____

Additional Information:

(Biological Father's Side)

Grandmother's Name _____

Address _____

Telephone _____

Grandfather's Name _____

Address _____

Telephone _____

Additional Information:

(Step-Mother's Side)

Grandmother's Name _____

Address _____

Telephone _____

Grandfather's Name _____

Address _____

Telephone _____

Additional Information:

(Step-Father's Side)

Grandmother's Name _____

Address _____

Telephone _____

Grandfather's Name _____

Address _____

Telephone _____

Additional Information:

Emergency Information

Emergency Information
(To be filled out if child is missing)

Date _____ Time Child Was Last Seen _____

Child's Last Known Whereabouts _____

Was Anyone With Child At Time Of Disappearance - YES / NO

If Yes, List _____

Child's Clothing Description

Shirt Type _____ Color _____

Pants Type _____ Color _____

Belt Type _____ Color _____

Jacket Type _____ Color _____

Underwear Type _____ Color _____

Sock Type _____ Color _____

Shoe Type _____ Color _____

Hat Type _____ Color _____

Backpack Type _____ Color _____

[illegible]

Child Safety Resources

National Center for Missing and Exploited Children
2101 Wilson Boulevard, Suite 550
Arlington, VA 22201-3052
Toll-Free 1-800-THE-LOST (1-800-843-5678)
Business Number (703) 235-3900
Fax Line (703) 235-4067
Internet Site: www.missingkids.org

Child Quest International, Inc.
1625 The Alameda, Suite 400
San Jose, CA 95126
Telephone (408) 287-4673
Fax (408) 287-4676
Internet Site: www.childquest.org

The Polly Klaas Foundation
P.O. Box 800
Petaluma, CA 94953
Telephone (707) 769-1334
Internet Site: www.pklaas.com

For information, suggestions or comments regarding Protective Research Group or the products and services we provide, use the contact information listed below.

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